

No. 05-05/2019-WL/G-II
Government of India
Ministry of Communications
Department of Telecommunications
Sanchar Bhavan, 20, Ashoka Road, New Delhi-01
(Welfare/General II Section)

Dated: 6th December, 2019

CIRCULAR

Subject: Grant of Scholarship, Hostel Subsidy, Transport Charges and lump sum grant to Differently Abled wards of DoT employees for the Academic Year 2017-2018 and 2018-2019.

Telecom Staff Welfare Board has approved the following schemes to enable DoT employees to meet special educational requirements of Differently Abled wards:

Name of Scheme	Course/Class	Rate
Scholarship Award	1.Primary, Secondary and Higher and Senior Secondary classes (I-XII) 2.Degree/Diploma courses in both Technical and Non-Technical streams	Rs. 800/- pm per child
Lump sum incentive grant for purchasing special teaching aids including Transport Allowance/ Hostel Subsidy	-do-	Rs. 5,000/- per annum per child

Eligibility-

- a) The minimum degree of disability shall be 40% as certified by the accredited Medical Board in respect of the following disabilities of the child:
- a) Visual impairment
 - b) Locomotor/Orthopaedic disability
 - c) Speech & hearing disability
 - d) Mental retardation

Contd...2

- b) Age- Differently Abled children will be eligible for the benefits between the age limits 5 to 22 years and for more than two academic years in the same class subject to the upper age limit of 22 years.


2. Assistance as per the above scheme shall be restricted to two elder children (only if the child attends the school regularly) and should be an employee of DoT in the respective academic year. This may be duly verified/endorsed by the applicant through their respective administration. (As per proforma enclosed)

3. It is mandatory for applicants to furnish their Bank Details (Mandate Form enclosed) for making payments through ECS.

4. **Please submit separate applications for the Academic Year 2017-2018 and 2018-2019 as per proformas attached.**

5. Application in the prescribed proforma (copy enclosed) along with duly self-attested copy of the mark-sheet/report card may be sent to the Section Officer (Welfare/General II Section), Mezz floor, DoT, Sanchar Bhavan, 20, Ashoka Road, New Delhi-110001 positively by **31/01/2020**. The applications, which are incomplete in any respect or received after the last date, will not be entertained. Forms are also available at <http://dot.gov.in/circulars/general-section-dot>. For any clarification regarding Scholarship Scheme, Welfare/General II Section (Tele. No.-011- 23036464/6897) may be contacted.

Encl: As above


(Nithali Ram)
Welfare Officer &
Under Secretary (T)
Ph 2303-6300

Copy to:

1. Chairman, TSWB, DoT.
2. All Sections of DoT.
3. All Telecom Engineering Centre. All the applications should be sent in one lot.
4. All DoT cells in Telecom Circles.
5. Dir. (WM), E-Wing, 3rd Floor, Madangir Road, Pushp Bhavan, New Delhi – 110062.
6. All Sections of DoT (Hqrs)
7. Notice Boards.

PROFORMA

**SCHOLARSHIP FOR EDUCATION OF DIFFERENTLY ABLED CHILDREN FOR THE
ACADEMIC YEAR 2017-2018**

A. DETAILS OF APPLICANT (EMPLOYEE)

1. Name: Sh./Smt. :
2. Designation :
3. Official Address with
Section & Ph.No. :

B. DETAILS OF WARD:

1. Name :
2. Relationship :
3. Date of Birth :
4. Type & percentage of disability :
(Attach certificate)
5. Class & academic session :
6. Name of school/college :
where studying

(Attach bonafide certificate from Head of the School/College)

Scheme	Claim Period	Amount admissible (for office use only)
Scholarship Award		
Lump sum grant for purchasing special teaching aids including Hostel Subsidy/Transport allowance		

Contd....2

Declare that:

1. The particulars given above are true and complete to the best of my knowledge.
2. The total no of children in respect of whom the scholarship award/hostel subsidy/transport allowance and lump sum grant does not exceed the no. as provided in the scheme.
3. I also undertake to inform my employer forthwith in the event of my withdrawing the child from the Institution/Hostel and also about any change in the particulars mentioned earlier.

Signature of claimant

Name _____

Designation _____

CERTIFICATE

Certified that Sh./Ku. ward of
Sh./Smt.....is a bonafide student of this
Institution and is studying in class..... in academic year.....

He/she was admitted to school/college hostel on and continues to be
a boarder as on date.

Dated.....

Principal/Head of the Institution

(Stamp of the Institution)

Verification from Administration for the Scholarship Award to Differently Abled Children for the Academic Year 2017-2018

1. Name of the Employee :

2. Designation :

3. Date of Joining in DoT :

4. Whether employee of the DoT – : Yes / No
During the Academic Year 2017-2018

5. Details of first two dependant children including twins as per service record:

<u>Sr. No.</u>	<u>Name of the children / wards</u>
1.	
2.	
3.	

Signature of the concerned Administration. /Staff Br.

Name: _____

Designation: _____

MANDATE FORM

BENEFICIARY / CUSTOMER'S OPTION TO RECEIVE PAYMENT THROUGH E-PAYMENT

1. Beneficiary Name :
2. Beneficiary Address :

3. Beneficiary Account No :
4. Account Type :
(Savings Bank / Current)
With Code 10/11/13
5. Nine digit code number of the :
Bank & branch. Appearing on
the MICR Cheque issued by
the bank (if available)
6. Bank Name :
7. Branch name :
8. Branch Address :

9. Telephone no :
10. IFSC (Indian Financial Service code) :
11. Photo copy of cancelled Cheque to confirm correctness of IFSC code and Account no. :

I, hereby, declare that the particulars given above are correct and complete. If the transaction is delayed or not effected at all for reasons of incompleteness or incorrectness of information given by me as above. I would not hold the user institution responsible.

Dated : _____

(_____)

Signature of the beneficiary/customer/applicant

Certification that the particulars furnished above is correct as per the records.

Bank Stamp

Dated : _____

(_____)

**Signature of the authorized official
With Phone No. from the Bank**

PROFORMA

SCHOLARSHIP FOR EDUCATION OF DIFFERENTLY ABLED CHILDREN FOR THE
ACADEMIC YEAR 2018-2019

A. DETAILS OF APPLICANT (EMPLOYEE)

1. Name: Sh./Smt. :
2. Designation :
3. Official Address with
Section & Ph.No. :

B. DETAILS OF WARD:

1. Name :
2. Relationship :
3. Date of Birth :
4. Type & percentage of disability :
(Attach certificate)
5. Class & academic session :
6. Name of school/college :
where studying

(Attach bonafide certificate from Head of the School/College)

Scheme	Claim Period	Amount admissible (for office use only)
Scholarship Award		
Lump sum grant for purchasing special teaching aids including Hostel Subsidy/Transport allowance		

Contd....2

Declare that:

1. The particulars given above are true and complete to the best of my knowledge.
2. The total no of children in respect of whom the scholarship award/hostel subsidy/transport allowance and lump sum grant does not exceed the no. as provided in the scheme.
3. I also undertake to inform my employer forthwith in the event of my withdrawing the child from the Institution/Hostel and also about any change in the particulars mentioned earlier.

Signature of claimant

Name _____

Designation _____

CERTIFICATE

Certified that Sh./Ku. ward of
Sh./Smt.....is a bonafide student of this
Institution and is studying in class..... in academic year.....

He/she was admitted to school/college hostel on and continues to be
a boarder as on date.

Dated.....

Principal/Head of the Institution

(Stamp of the Institution)

Verification from Administration for the Scholarship Award to Differently Abled Children for the Academic Year 2018-2019

1. Name of the Employee :

2. Designation :

3. Date of Joining in DoT :

4. Whether employee of the DoT – : Yes / No
During the Academic Year 2018-2019

5. Details of first two dependant children including twins as per service record:

<u>Sr. No.</u>	<u>Name of the children / wards</u>
1.	
2.	
3.	

Signature of the concerned Administration. /Staff Br.

Name: _____

Designation: _____

MANDATE FORM

BENEFICIARY / CUSTOMER'S OPTION TO RECEIVE PAYMENT THROUGH E-
PAYMENT

1. Beneficiary Name :
2. Beneficiary Address :

3. Beneficiary Account No :
4. Account Type :
(Savings Bank / Current)
With Code 10/11/13
5. Nine digit code number of the :
Bank & branch. Appearing on
the MICR Cheque issued by
the bank (if available)
6. Bank Name :
7. Branch name :
8. Branch Address :

9. Telephone no :
10. IFSC (Indian Financial Service code) :
11. Photo copy of cancelled Cheque to confirm correctness of IFSC code and Account no.
:

I, hereby, declare that the particulars given above are correct and complete. If the transaction is delayed or not effected at all for reasons of incompleteness or incorrectness of information given by me as above. I would not hold the user institution responsible.

Dated : _____

(_____)

Signature of the beneficiary/customer/applicant

Certification that the particulars furnished above is correct as per the records.

Bank Stamp

Dated : _____

(_____)

**Signature of the authorized official
With Phone No. from the Bank**

